

Bright Bees Day Nursery and Pre-School
69 Brockley Rise
Forest Hill
London
Se23 1JN
M:07395554487
T: 0271014589
Ofsted Reg No: EY2525877



Child's Details

Child's Full Name:..... **Gender:**.....

Name to be known as:.....

Address.....

.....

Post Code.....

Date of Birth.....

Birth Certificate Seen **Seen by, Staff Name**.....

Interview Date.....

Sessions Offered.....

Deposit Taken.....

Start Date.....

- Is your child used to leaving mum/dad?
- Is your child dry ? **Yes/No** – or in Trainer Pants?
- Does he/she usually ask to go to the toilet?.....
- Is he/she able to use the toilet?.....
- Any allergy to ASDA baby wipes?**Please note: You are required to supply your own baby Wipes**
- Does your child have any specific allergies/food intolerance?
- Is your child vegetarian?.....

- Can he/she drink semi-skimmed milk?.....If no – prefer water.....
- Can he/she drink from a cup?.....
- Have you put your child’s name for a nursery place elsewhere?.....
- Would you like to volunteer help in any way?.....

Parent Contact Details

Child’s Full Name:..... **Date of Birth**.....

Mother’s Name.....

Address.....

Home Tel. No:.....

Mobile:.....

Email

Address:.....

Work/Daytime contact No:.....

Employer name:.....

Occupation:.....

Job Title:.....

Does this parent have Parental Responsibility? **Yes/No**

Father’s Name.....

Address.....

Home Tel. No:.....

Mobile:.....

Email

Address:.....

Work/Daytime contact No:.....

Employer name:.....

Occupation:.....

Job Title:.....

Does this parent have Parental Responsibility? **Yes/No**

Name of Parent(s) child lives With:.....

CHILD'S MEDICAL DETAILS AND SPECIAL NEEDS

- **Your Child's NHS Number:**
- Has your child seen the Health Visitor or had their 2yr old Check done?
- Has your child had a Hearing Test?.....**Date**.....
- Is your child's Immunisation up to Date?.....
- **Have Staff Seen the Red Immunisation Book?Staff Name**.....
- Is your child on any regular medication?.....
- Give the Name of this medication.....
- Does your child have any Known Allergies.....
- If 'Yes' what are these allergies?.....
- How are the allergies treated (e.g. medicines, epi-pen etc)?.....
- Does your child have any Special Dietary Needs.....
- Does your child need any special care.....
- Do you have any Other Agencies involved with the Family e.g. Health Visitor, Social Services, Early Help, etc?.....
- Please give us the names of the Agencies involved?
Name of Person you are in contact with.....
Name of the Agency.....
- Has a 2 year old check been done by your Health Visitor? **Yes/No**

If No, please state reason:.....

Name of Parent with whom child does not live With

.....

Does this parent have Parental Responsibility? Yes/No

Bright Bees Day Nursery St saviors church hall 69 Brockley Rise Forest Hill London Se23 1JN
(info@brightbnursery.co.uk)

Address:.....
.....
.....

Tel. No:.....

Mobile:.....

Does this Parent have Legal Access to the child? Yes/No

PASSWORD:

Emergency Contact Details

1. Name:

Address:

Telephone number: